



Substance Abuse News

Summer /Fall 1999

1 West Wilson Street, P.O. Box 7851

608/266-2717

Internet: www.dhfs.state.wi.us

Madison, WI 53707-7851

1998 Report on Substance Abuse Shows that Treatment Works!

The 1998 Annual Report on Substance Abuse Services in Wisconsin is being distributed to treatment provider agencies and libraries. Increased data and new methods of measuring outcomes have broadened the scope of this report. The report is based on Department of Health and Family Services-funded agencies reporting data from their programs to the human services reporting system (HSRS). The economic impact in Wisconsin attributed to substance abuse is estimated each year to be well over \$2.6 billion. Despite the magnitude of the problem, studies conclude that each dollar invested

for substance abuse services yields a return of seven dollars.

The majority of the funds for both programs and administration are from the federal Substance Abuse Prevention and Treatment block grant awarded yearly to DHFS. The Bureau of Substance Abuse Services serves as Wisconsin's single point of contact for these funds and distributes them through the state county allocation plan

For a copy of the report, contact the Bureau of Substance Abuse Services at (608) 267-7164 or e-mail: langejb@dhfs.state.wi.us. The report will be published on the BSAS Internet web site in the near future: <http://www.dhfs.state.wi.us/programs/substabuse>.

National Alcohol & Drug Addiction *Recovery Month99*

Substance abuse can affect almost any business, from the multi-national corporation to the local store, restaurant, factory, or office, because nearly three-quarters of illicit drug users ages 18 or older (8.3 million) are employed. Fortunately, alcohol and drug abuse and addiction can be successfully treated.

Substance abuse is not an easy problem. There are no easy answers. But there are a multitude of options available to treat the

challenge of alcohol and drug addiction. This September, as we celebrate *National Alcohol and Drug Addiction Recovery Month*, we are reminded that untold numbers of men and women are living successful lives in recovery. They are testaments to the success of treatment. In the workplace, addiction treatment is an investment that pays off in benefits for companies large and small, as well as in hope for their workers, their families, and their communities. (See **Recovery** on Page 9.)

Get Involved in National Recovery Month with STAR

STAR (Sharing Treatment and Recovery for Substance Abuse) is asking for ideas and events planned for Recovery Month. Events are planned in two areas at this time:

- A picnic at the Rod and Gun Club in Eau Claire on September 26 at 12 noon.
- A two-day picnic and retreat in Wautoma, Sept. 18-19 (call Gail Colligan (920) 787-4656.

If you have activities planned for Recovery Month, or want additional information about those mentioned here, contact Darcy DiStefano, at (608) 263-9768.

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Guest Page

Thanks to Dave Rohlfling, who has served as the Executive Director of the Milwaukee Council on Alcohol and Drug Dependence (MCADD) since 1983.

The Milwaukee Substance Abuse Network

By David Rohlfling

Contrary to perceptions of some, varieties of substance abuse prevention and treatment agencies and programs can find it possible to work together on common causes. Further, such causes can be joined by general citizen's groups. While not a perfect melding of interests, the Milwaukee Substance Abuse Services Network (SASN) provides a significant illustration. For six years, confronting annual major substance abuse service reductions in the Milwaukee County budget, committed leaders from such organizations have been convened by the Milwaukee Council on Alcoholism and Drug Dependence (MCADD) in this Network.

Currently gathering representatives from about 60 prevention and treatment providers, from elected and appointed officials from State, County and Municipal offices, from Congressional offices and from community groups such as MICAH, the Interfaith Conference of Greater Milwaukee and others, SASN has been modestly successful in shaping public policy at least to slow County deterioration of funding for substance abuse services. In addition, preparation of a comprehensive plan for cross systems collaboration provides strategic structure for future

development. Leadership is furnished by a representative committee.

Essential goals of SASN are: improving the substance abuse services system; garnering additional funding, especially from federal sources; upgrading quality of services; building cross systems collaboration; and educating the community about the problem and that prevention and treatment do work, but require the support of all.

Although not yet realizing full success, some facilitation has been provided for system building and for integrating AODA services with Child Welfare and W-2 in the county. With budgetary crunch a constant, addressing substance abuse needs in welfare reform efforts is anything but simple.

Additional efforts include attention to improving background checks (given the impact on recovering persons), supporting parity for reimbursement for AODA treatment, rebuilding the interface between prevention and treatment, enhancing training opportunities, and improving managed care and HMO/AODA relations.

Interesting challenges arise between SASN intent to integrate services from Network participants for comprehensive wrap-around capabilities and the reality of W-2, Child Welfare and other "requests for proposals" often making full wrap-around capability within a single agency far more attractive. At the same time, words about collaboration and cooperation appear in every contract, in every service agreement and in every RFP, yet, the challenge for integration remains. Major objectives, beyond influencing public policy, include substance abuse service system planning,

service and quality improvement, identification and acquisition of federal and other funding, cross systems collaboration. About half of the Governor's Task Force on W-2 and AODA are representatives from Network participating organizations.

While organizing leadership was furnished by MCADD, shared responsibilities have enhanced involvement and the impact of the Network. Services are currently funded mostly by a Drug Free Community Federal grant administered through Fighting Back and MCADD and by supplemental funds through the Bureau of Substance Abuse Services.

In addition to maintaining some responsibility for the Substance Abuse Services Network, MCADD has been furnishing advocacy and organizing leadership along with offering varieties of prevention services in the Milwaukee area. Current foci include prevention, EAP telephone information and intervention, assessment/referral/case management, and advocacy services. A broad base of funding comes from private sector and government contracts, fees for service, United Way, many individual and corporate foundations and other charitable contributors.



From left: Jamie McCarville, Isaac Zama, Susan Endres, Robyn Saviano

BSAS Welcomes New Staff

In March, **Jamie McCarville** joined the Bureau as the Disabilities Coordinator. Jamie is responsible for program and systems development to prevent or minimize the effects of substance abuse on persons with physical, cognitive and sensory disabilities. She will also provide technical assistance for enhancing access to services for disabilities and substance abuse issues. Jamie is the contract administrator with the Wisconsin Alcohol and Other Drug Abuse treatment program for deaf and hard of hearing individuals, and she secures sign language interpreters or other accommodations for meetings. Jamie's background is in Community Health Education with work experience in state and county government human services organizations as well as health insurance. Jamie's telephone number is (608) 267-7712.

Isaac Zama also joined BSAS in May as a summer intern. Isaac has a Master of Laws (LL.M) in International Environmental Law, University of Washington, and is a Ph.D. student at the UW-Madison in the Development Studies program, Land Tenure Center. Isaac is working with Mike Quirke to update the Wisconsin Substance Abuse Services Directory for 1999-2000. A form was sent out to all agencies listed in the 1998 directory to check and update both services and address information. Isaac can be reached at (608) 266-7793.

In May, **Robyn Saviano, MSSW**, joined the Bureau as the Women's Treatment Specialist. She was formerly employed by the Department of Corrections at Dodge Correctional Institution. As a Clinical Social Worker, she was part of the Assessment and Evaluation process that prisoners receive upon reception to the Department of Corrections. Robyn will have lead for the women's budget initiative and as Women's Treatment Specialist, will develop and enhance the quality and quantity of substance abuse

intervention and treatment services to women and their families. Robyn's telephone number is (608) 267-3948.

Susan Endres, who joined BSAS in March, is a limited term employee and provides contract administration for the Minority Training Program and the BSAS training plan. Susan is a Social Worker and has worked in human services since 1983. She has worked with Wisconsin Correctional Services, Columbia County Human Services, and Dane County Human Services. Susan's telephone number is (608) 266-2476.

Outcome Training for State/County Staff

"Measuring Program Outcomes: A Practical Approach" training is designed to help participants prepare health and human service organizations to identify and measure their program outcomes. Participants will be guided through an eight-step process for planning and implementing an outcome measurement system, with an emphasis on how to assist others in identifying and measuring outcomes. This training-of-trainers will be conducted in modules over three non-consecutive days in six different locations throughout Wisconsin. Included with the \$95 registration fee is lunch, a training kit and manual, which are based on the program developed by United Way of America. (See **Outcomes** on Page 10.)

Wanted: Consumers to Represent SA and Recovery

Are we “too good” at Recovery? Do those of us who have been or are now affiliated with 12-step groups take the subject of anonymity too literally? These are questions that are important to the substance abuse field. There is individual consumer representation on mental health councils. Cancer and physical disabilities have consumer groups as do sensory and cognitive disabilities, offering strong grass roots representation on councils and committees. These consumer representative groups have achieved policy changes and impact the legislative process.

We see and hear about these consumers, but we don’t see the scores of men and women who are former addicts and who are in recovery—standing up to reflect the success of treatment and the ongoing business of recovery.

What can you do? You can participate with other consumers on committees and councils, bring the concerns of those in need of substance abuse services, bring your point of view to discussions about prioritizing services, how funds are spent and other issues dealt with by federal, state and local government.

The Bureau of Substance Abuse Services is putting together a roster of persons who would be interested in participating as consumers and/or affected family members in meetings and conferences or participating in informal talking sessions relating to substance abuse

services in Wisconsin. Visibility and experience from the recovery community are needed to give substance abuse a voice at the table.

There is a brochure enclosed with this issue titled, “Advocacy with Anonymity.” Look it over for ways in which you can help dispel the stigma attached to addiction and recovery.

Please send your interest to the Bureau of Substance Abuse Services, Attention: Jackie Langetieg, 1 West Wilson Street, P.O. Box 7851, Madison, WI 53707-7851 and mention “Consumer Participation.”

A Bit of History: Bureau of Alcohol Studies, 1947

Accepted historical chronology cites 1964 as the date the Bureau of Substance Abuse was created as “Alcoholism Services” (becoming the Bureau of Alcoholism in 1969) in the former Division of Mental Hygiene, Department of Public Welfare. However, recent information was retrieved giving an earlier date for the beginning of attempts to help alcoholics with a “new approach to this alcoholic problem.”

The Wisconsin Bureau of Alcohol Studies was created within the State Department of Public Welfare under the Division of Mental Hygiene by enactment of Chapter 385, Laws of 1947. An appropriation of \$50,000 was made for the first year and \$100,000 for the following years. This was financed from money taken from

the State Occupational Tax on alcoholic beverages. In the spring of 1948, Mr. Walter O. Cromwell was appointed director (See **History** on Page 9.)

Exemplary Prevention Program Awards

The State Council on Alcohol and Other Drug Abuse (SCAODA) at its June meeting selected the following four programs to receive Exemplary Prevention Program Awards.

- Big Buddies, A Youth Mentoring Program (UW-Extension/4H Youth Development/Youth Futures)
- Youth Leadership Training Conference (Crawford Abuse Resistance Effort)
- Positive Option Program (East Madison Community Center)
- Gaining Outdoor and Leadership Skills (Sawyer County Health/Human Services)

The purpose of the awards is to recognize the important contributions that are made by prevention programs in Wisconsin to address substance abuse. The Prevention Committee of the SCAODA solicited and reviewed applications for the awards, which are modeled after the national recognition program sponsored by the Center for Substance Abuse Prevention. The awards will be presented in November at the statewide conference of the Alliance for Wisconsin Youth in Appleton.

CSAT Changes the Conversation

The Center for Substance Abuse Treatment (CSAT) has initiated plans to fulfill the treatment objectives of the *National Drug Control Strategy, 1998*. The new initiative is called "Changing the Conversation: A National Plan to Improve Substance Abuse Treatment." Building on recent advances and studies, the project will focus on how to apply their extensive knowledge to the practical objective of improving treatment outcomes.

In recent years, many thoughtful recommendations have been developed. However, *implementing* the recommendations and improvements will require emphasis on the most important and feasible approaches—including the financial and infrastructure requirements for success.

The project will first synthesize current knowledge and recommendations about treatment, service systems, application of best practices, diffusion methods, and organization and financing of substance abuse treatment services. Next, expert panels will be formed by CSAT—involving both government and outside experts in the substance abuse treatment field—to explore the current state of knowledge, resources, needs, and service and organizational capacity, and to recommend priorities for action by government and by others in the field.

The project's overall goals are to (1) communicate the current state of the art of treatment to important audiences, and (2) to produce a National Plan to Improve Substance Abuse Treatment. An initial report will be presented during Recovery Month, September 1999.

Phase I, Assessing SA treatment and recommendations for future expansion and improvement will explore the following domains:

- Closing the Treatment Gap
- Reducing Stigma and Changing Attitudes
- Improving and Strengthening Treatment Systems
- Connecting Services and Research and
- Addressing Workforce issues.

Public Hearings will be held in four locations: Hartford CT (July), Chicago IL in September, Portland OR in October and Tampa/St. Petersburg, FL in November. NOTE: The Chicago public Hearing will take place Thursday, September 16, 1999 from 8:30 a.m. to 5:00 p.m. at the Rubloff Auditorium, Loyola University, Water Tower Campus, 25 E. Pearsons Bldg., Chicago 60611. Contact: Peggy Cockrill at (301) 443-7024, Fax: (301) 480-6077.

A web site has been created to provide pertinent information as well as allow for public comment regarding the initiative. The address is: <http://www.natxplan.org>

For further information about *Changing the Conversation* contact the CSAT Project Director, Donna Cotter at 301/443-5700.

Study Indicates Brief Interventions Successful for Older Problem Drinkers

New research indicates that brief interventions are effective in addressing drinking problems among people age 65 and older, according to a June 23, 1999, press release from the National Institutes of Health (NIH).

The Study, conducted by researchers at the University of Wisconsin Medical School and released by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), found that patients in the intervention group had a 34 percent reduction in seven-day alcohol use, a 74 percent reduction in mean number of binge-drinking episodes, and a 62 percent reduction in the population that consumed more than 21 drinks a week.

The study is part of Project GOAL (Guiding Older Adults Lifestyles), the first U.S. randomized, controlled clinical trial to test the effectiveness of brief counseling by community-based primary care physicians on older problem drinkers.

From "Join Together, 6/25/99

Note: Brief intervention is generally restricted to four or fewer sessions, each session lasting from a few minutes to one hour, and is designed to be conducted by health professionals who do not specialize in addictions treatment.

Checking the Alcohol and Drug Health of Wisconsin Residents

A recently released survey of a cross-section of 9,000 Wisconsin residents (including 1,000 adolescents) conducted for the State Department of Health and Family Services found that 35 percent of Wisconsin adults do not drink alcohol. Of the 65 percent who do, the majority consume alcohol on about four or fewer days each month and have only one to two drinks per occasion. Six percent of the adults had used drugs like marijuana or cocaine in the past year.

The researchers from the UW-Extension Survey Research Laboratory who conducted the study also found that while health claims have been made about moderate adult consumption of alcohol, adolescents who had not used alcohol or drugs reported better health than adolescents who had used alcohol or drugs.

The health of a small but significant proportion of Wisconsin adults and adolescents was found to be very poor. Fifteen percent of the adult males, 5 percent of the adult females, and 8 percent of the adolescents surveyed had a diagnosable alcohol or drug disorder. This was determined by the presence of at least three symptoms connected with such disorders such as frequent intoxication or continued use of alcohol even though it caused significant problems.

Alcohol and drug disorders are considered treatable, and services available in outpatient and residential settings have had success rates comparable to those of hypertension and diabetes and economic benefits equivalent to immunizations and prenatal care. The Department is looking into its programs for the treatment of alcohol and drug disorders to ensure that there is adequate capacity to meet the need for care.

To request copies of the Executive Summary of this study, contact the Bureau of Substance Abuse Services, (608) 266-2717.

Changing Role of AA in the New Millenium

As Alcoholics Anonymous (AA) marks its 64th anniversary, questions have been raised about whether the self-help group's principles are outdated (Fox News, 5/26/99).

Researchers recently addressed the effectiveness of AA at a recent symposium of the American Society for Addiction Medicine's (ASAM) annual conference in New York. They concluded that AA continues to be successful, but would be more effective if supplemented by modern interventions, such as inpatient hospital treatment programs and group therapy. Dr. Norman Miller, the ASAM symposium organizer, was quoted as stating, "My experience clinically in treating patients who do go to AA is that I don't see many relapses. It is unusual to hear a patient say 'I went to AA meetings for five years and then I drank.'"

AA's success rate is 40 percent, slightly higher than the 35 percent one-year abstinence rate of people who attended a residential 28-day treatment program but did not go to AA or attend any post-treatment therapy. (From a 1996 Study of 7,200 AA groups in the U.S. and Canada.)

Dr. Norman Hoffmann was quoted as saying, "While a group's own self-survey is usually considered scientifically biased, this 40 percent one-year success rate is roughly compatible with results of smaller, independent studies." (Dr Norman G. Hoffmann is an addictions researcher at Abt Associates in Cambridge, Massachusetts and professor of community health at Brown University.)

According to this survey, 60 percent of the members attended a treatment program or obtained some initial counseling, and 77 percent of this group said it was instrumental in getting them to go to AA. "There's a synergy between AA and treatment that's not appreciated," Hoffmann said. "Treatment has been the training ground for AA."

Supplemental Therapy is Key and "aftercare." Aftercare services, including therapy groups for abstaining alcoholics often operated by the treatment center or similar facility, often monitor patients' abstinence by urine testing, and provide information and education not available in AA. In the survey, 62 percent of [AA's] members received some type of aftercare counseling, and most of these people found that it was important in their recovery.

"AA alone is not the most desirable media for recovery," said Hoffmann. Aftercare "groups are a

standard part of addiction treatment, and you need to combine groups with AA to get the best result.”



Braille Printing Services Available

The Center for Independent Living for Western Wisconsin offers Braille Printing Services to businesses, county programs and various agencies. The Center is an advocate for the rights of people with disabilities. If you are interested or would like more information, contact Center for Independent Living for Western Wisconsin, (800) 228-3287 v/t or Fax at (715) 1083.

President Acknowledges 9th Anniversary of ADA

(The following press release was forwarded by the Great Lakes ADA Center)

July 26, 1999. President Clinton joined with Americans in celebrating the 9th anniversary of the Americans with Disabilities

Act. In 1993, the President and Vice President Gore established three core principles for their Administration's disability policy—inclusion, independence, and empowerment.

“Like many racial and ethnic groups throughout history, people with disabilities have endured isolation and segregation because of social discrimination,” said Clinton. “Now, we strive to promote inclusion for people with disabilities in all aspects of American society, just as we do for racial and ethnic minorities.” President Clinton continued by noting how disability has been discussed in the mainstream media, and went on by saying, “We must use this rising level of awareness to infuse the values of the ADA—equality of opportunity, full participation, independent living, and economic self-sufficiency—into all aspects of government and social policy.”

President Clinton also mentioned that under the leadership of Tipper Gore, “. . . we are beginning to address the stigma and discrimination confronted by people with psychiatric disabilities.”

The President reiterated comments made in the State of the Union Address stating that no one should have to choose between keeping health care and taking a job. “We cannot think of Social Security benefits and other services and supports as antithetical to the civil rights goals of the ADA. *We must, instead, view them as important tools for empowering people with disabilities to lead independent lives as equal citizens in our social mainstream.*” (Italics added.)

“Only by fully utilizing the contributions of every sector of our society—advocacy, business,

service organizations, government—can we achieve our goals.”

For a complete copy of the press release, contact Jamie McCarville at BSAS (608) 267-7712 or e-mail Robin Jones at the Great Lakes ADA Center, guiness@uic.edu

Transitions

Carolyn Trees, BSAS Block Grant Application Planner, has resigned as of September 20, 1999. It is due to Carolyn's hard work and coordinative abilities that Wisconsin has had continued continuity of federal block grant funds for treatment and projects mandatory for services to the populations we serve.

Appointments to the State Council on Alcohol and Other Drug Abuse

Michael Hert has been reappointed to the State Council on Alcohol and Other Drug Abuse as a consumer representative.

Charlotte Rasmussen has been appointed to the State Council to represent the Pharmacy Board, replacing Cynthia Benning.

Francine Feinburg has been appointed to The Council as a consumer representative and will replace Martin Bangert.

Patrick Converse, consumer representative, was reappointed to The Council.

Publications

Available from the Bureau of Substance Abuse Services, results of the "State Treatment Needs Assessment Program's 1997 Household Survey." This project was funded in 1995 for four years by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

- *The County Composite Indicators Study* found sixteen county-level variables such as traffic crashes, alcohol-related deaths, and liquor licenses that correlated with treatment need. The study will be used to improve the distribution of new substance abuse funds.
- *The Treatment Capacity Study* provided valuable information on treatment utilization, waiting lists, and costs that will be used in the development of the managed care pilots.
- *The Substance Abuse and Need for Treatment Among Arrestees Study* found that 39 percent of arrestees in Wisconsin tested positive for an illicit substance and 32 percent of arrestees have an alcohol or other drug abuse disorder requiring treatment.
- *The Substance Abuse and Treatment Needs Among Pregnant Women Study* demonstrated that Wisconsin women exceed the national average in the proportion who drink during pregnancy (32 percent vs. 18 percent). In addition, 11 percent had a current alcohol or other drug disorder requiring treatment.
- *Checking the Alcohol and Other Drug Health of Wisconsin*

Adults and Adolescents, was published in June 1999.

Available also from the Bureau is an Executive Summary and Implications of a study entitled, *A Survey of 18 Wisconsin HMOs about Prior Authorization Procedures for Substance Abuse Treatment and their Reactions to Uniform Placement Criteria* is available from the Bureau of Substance Abuse Services. SA prior Authorization specialists from 18 HMOs were interviewed. Copies may be requested by telephone: (608) 266-2717, Fax: (608) 266-1533 or E-mail: meierca@dhfs.state.wi.us.

Conferences

September 16, 1999. Windmills II, *Reality and Resources*, sponsored by the WI Alcohol, Drug and Disability Association and BSAS will be held in Madison at the Holiday Inn East. For further information on how to register, contact WADDA at (715) 359-3471 voice/TTY, 1-800-359-5826 voice/TTY or e-mail: wadda@juno.com

September 16-17, 1999. The 1999 EAP Fall Conference will be held at the Ramada Inn and Conference Center in Wausau, WI. Employee Assistance training will cover new and basic core technologies, mid-level and advanced training. Keynote speaker is Sandra Nye, MSSW, JD, will present on "Current Legal Issues in EAP." For information on how to register, contact: Joyce Ryder, Sacred Heart-St. Mary's (715) 536-2244.

September 23-24, 1999, Phase I, Pathological Gambling Training Program: Phase I & II, at University of WI Waukesha. **Phase**

II will be held **October 21-22, 1999**, same location. The program is designed for persons interested in working with problem/compulsive gamblers and their families. Completion of 30 hours of gambling-specific education allows participants to become eligible as a referral source for the Wisconsin Council on Problem Gambling 800 Helpline. Fees: Phase I-\$150; Phase II-\$150 or Phase I & II-\$250. For information and a brochure contact WCPG at 1-800-426-2535. Enrollment is limited.

September 24, 1999. 8th Annual Women and Substance Abuse Conference, *Recovery: Journey of Awakening*, will be held at Stony Creek Inn & Conference Center, Wausau, WI. Breakout sessions will consist of women in recovery talking about their pathways through recovery; innovative approaches to counseling women that challenges traditional treatment models; exploration of women's strength and insight through creativity; and description of how a Milwaukee welfare reform agency has developed a partnership with case management, community members and customers. Keynote will be Dan Griffith, Ph.D. For information, contact Mary Unmuth, Wisconsin Women's Empowerment Network (WWEN) at (608) 263-9732 or (800) 442.1617.

October 11-12, 1999. Bureau of Substance Abuse Services 5th Annual Statewide Meeting, Paper Valley Hotel, Appleton, WI. Guest Speaker, **William L. White**, M.A. Senior Research Consultant, Lighthouse Institute, Bloomington, IL will discuss the topic: "Listen to History: a Lesson for a Field in Crisis." There are general sessions that highlight MH/SA/Managed Care Demonstrations as well as W2

Issues with SA/MH/Child Protective Services, and breakouts with information on FAS/FAE, Women's Empowerment Network, Women in Corrections, and Co-occurring SA/MH. ***In addition, on Monday evening, we will have an opportunity to wish Lowell "Gooch" Jenkins well on his retirement from state service and for success in the future.*** This event will be held at 6:30 p.m. in the Empire Room. Brochures are enclosed with this issue.

October 15-16, 1999. Hazelden's 50th Anniversary Celebration, *Rendezvous of Hope*, will be held at the Earle Brown Heritage Ctr., Minneapolis, MN. Presenters include Melody Beattie, Alan Leshner and others. On Friday, Bill Moyers will keynote a "Minnesota Benefit," and on Saturday evening, "A Night to Remember" will include singer Judy Collins, actress Sharon Gless.

The *Rendezvous of Hope* is **free of charge** (although registration is recommended). For more information call 1-800-257-7800 or visit the Hazelden web site at <http://50th.hazelden.org>.

SAVE the DATE

January 23-27, 2000. 26th Winter Midwest Institute, Lansing, MI, at the Holiday Inn South sponsored by the Michigan Department of Community Health and Wisconsin Department of Health and Family Services, and in cooperation with training providers in Illinois, Indiana, and Ohio. Scholarships for Wisconsin and Michigan residents will be available to help defray costs of the Institute. The Midwest Institute has applied for certification and academic credit. Information (or to be placed on the mailing list) is available from:

Conferences and Seminars,
Western Michigan University,
Kalamazoo MI 49008
(616) 387-4174 - FAX (616) 387-4189.

NewStart 3rd Thursday Community Seminars

NewStart sponsors the Third Thursday Community Seminar, free and open to the public. The seminars are located in the Atrium-Meriter Community Health Education Center-Meriter Hospital, 202 South Park Street from 7:00 – 8:00 p.m. Upcoming topics relating to the effects of alcohol and drug addiction are as follows:

September 23 (Note 4th Thursday): *Adolescents and Substance Abuse* presented by Nancy Millard, CICSW, CADC III, NewStart Adolescent Counselor – Discusses, "Are you enabling or Parenting your Teen?"

October 21: *Signs and Symptoms of Chemical Dependency* will be presented by Shelley Bazala, CARN.

November 18: *Quitting Smoking is Easy . . . Stopping is Hard* presented by Claudia Greco, MS, CADC III – Discussion on effective methods of smoking cessation.

December 16: *The Elderly and Chemical Dependency* presented by Pat Sweeney, CACSW, CADC III, NewStart Outpatient Counselor – Discussion on relevant issues regarding chemical abuse/dependency problems of the elderly.

Recovery Month

(From Page 1.)

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment has developed materials to help educate businesses and the public about the benefits of workplace-supported treatment.

These materials will help you reach people in your community in the large and small business sectors, labor and trade unions, the health insurance industry, the general public, diverse populations, and Americans with Disabilities. Through these efforts, people can be helped to overcome their addictions and begin to lead healthier, happier, and more productive lives. The theme of this year's Recovery Month initiative is ***Addiction Treatment: Investing in People for Business Success.***

Requests from other individuals (parents, substance abuse treatment/prevention professionals, health care practitioners, agencies, non-government organizations, educators, etc.) for publications, broadcast public service announcements, newspaper ads and other educational materials on substance abuse prevention and treatment should be directed to the National Clearinghouse for Alcohol and Drug Information at: 1-800-729-6686 or visit the SAMHSA web site at <http://www.health.org/recovery99/kit/index.htm>

History

(From Page 3.)

of this bureau with offices at 315 South Carroll Street, Madison. The first unit to function under this department was the Chippewa Valley Bureau of Alcoholism Studies (BAS) with Mr. Roy Wheeler as director. Chippewa Valley BAS had an eight-bed hospital unit in the lower floor of St. Joseph's Hospital, Chippewa Falls and an Information Office at 3½ Spring Street. The nurse and attendants at the hospital were all recovered alcoholics and members of [a twelve-step] program. Each treatment was based on the individual case. The unit was described as "one unit in the country where any alcoholic, under any conditions is given treatment and given a chance." There was no screening process—cases came in on stretchers any time of the day or night, handcuffed, in DTs (delirium tremens) etc. The unit tried to help settle troubles of the alcoholic: family troubles, divorce problems, court cases of arrests for drunken driving. Even in 1948, case histories indicated that the "average start of the alcoholic's drinking pattern is during their adolescent period."

Alcoholics from 22 different counties entered the facility during the first year demonstration period. Adjoining states sent legislators and members of the medical profession to observe the program. St. Joseph's Hospital and the Bureau of Alcohol Studies agreed to the following fee for treatment in 1948: \$4.00 per day per person, including room, board and linens. (Medications, treatments, x-ray, lab and doctors' services were not included in the \$4.00 rate.)

The report goes on to outline, in addition to the 12-step program, some treatment methods used in 1948 by the BAS: "Whiskey is used in the treatment. It is a sedative and the best known sedative to treat the alcoholic. We treat him physically through a thorough physical examination. We have all the modern equipment at our disposal in the hospital such as the electric cardiograph for heart, a blood bank for blood transfusions and oxygen is often used."

Given our present knowledge of treatment methodologies, this description seems archaic, but it is renewing to know that even 50 years ago, the alcoholic was recognized as someone who needed help, and Wisconsin was a force in the development of state laws to recognize and treat these individuals.

Thank you to Larry Monson, L.E. Phillips – Libertas Center, St. Joseph's Hospital Chippewa Falls, who found this in the archives of St. Joseph's.

Outcomes

(From Page 4.)

There is room for 22 county staff in each module. If you would like information on eligibility or have other questions, please contact Terri Lorenzini at BSAS, telephone: (608) 266-2453.

Confirmed location and 1999 dates are as follows:

Waukesha:	9/8, 10/20, 11/10
Madison:	9/9, 10/14, 11/16
Green Bay:	9/10, 10/15, 11/9
Rhineland:	9/28, 10/26, 11/30
Hayward:	9/29, 10/27, 12/1
Chippewa Falls:	9/30, 10/28, 12/2

Substance Abuse News

**Philip S. McCullough, Director,
Bureau of Substance
Abuse Services**

**Jackie Langetieg, Editor
Bureau of Substance Abuse
Services**

**Contributing Staff: Keith Lang,
Terri Lorenzini, Jamie McCarville,
Mike Quirke, Bonnie Shebelski,
and Carolyn Trees.**

The Bureau of Substance Abuse Services in the Department of Health and Family Services' Division of Supportive Living endeavors to increase the quantity and improve the quality of prevention, intervention and treatment programs serving persons with substance abuse problems and their families; improve coordination among state agencies and within DHFS having responsibilities for substance abuse services; and improve substance abuse work force training and development.

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Send items for inclusion to:

Substance Abuse News, Bureau of Substance Abuse Services, 1 West Wilson Street, PO Box 7851, Madison, WI 53707-7851; Telephone (608) 267-7164; FAX (608) 266-1533; or e-mail: langejb@dhfs.state.wi.us

**Winter Issue Deadline
November 8, 1999**

From the Director



The state biennial budget is working its way through the legislative process and while it's not final, it includes some promising opportunities for enhancing and expanding women-specific services in Wisconsin. The Governor's budget has identified \$1,167,000 each fiscal year for grants to counties and private entities to provide community-based alcohol and other drug abuse treatment programs that meet special needs of women with problems resulting from alcohol or other drug abuse. These services will emphasize women-specific services, parent education, vocational and housing assistance and coordination with other community programs. The Bureau of Substance Abuse Services, through the Department of Health and Family Services and Division of Supportive Living procedures, will issue Requests for Proposals (RFPs) with an intent to award funds starting January 1, 2000. Dollars as outlined in the budget will support a variety of women's projects in both urban and rural programs.

Enhancing and/or expanding women's substance abuse services in Wisconsin is a high priority and requires a great deal of coordination and collaboration at both the state and community levels. The RFPs will encourage this collaboration, but the emphasis will be on achieving desired client outcomes that are measurable. It is important to fund and replicate successful programs, so using client outcome measures to determine those successes is crucial.

The Bureau of Substance Abuse Services is dedicated to the development and expansion of women's services that are gender and culturally specific. There is current concern for Wisconsin's special populations including pregnant women, women with co-occurring substance and mental problems, women with dependent children and ethnic and racial minorities.

I'm pleased to be able to introduce the Bureau's new Women's Treatment Specialist, Robyn Saviano (see page 3). Robyn began her appointment as the Women's Specialist on June 23, 1999. Robyn will have lead for the women's budget initiative and as Women's Treatment Specialist, will develop and enhance substance abuse prevention, intervention, and treatment services with appropriate quality and quantity to serve the women and their children who require them.

SUBSTANCE ABUSE SERVICES

Department of Health & Family Services
Division of Supportive Living
Bureau of Substance Abuse Services
1 West Wilson St., P.O. Box 7851
Madison WI 53707-7851

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